

13281 U.S.PTO
122403PTO/SB/05 (03-01)
Approved for use through 10/31/2002, OMB 0651-0032

31355 10/743946 U.S.PTO



UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>		Attorney Docket No. T3653-8881US02 First Inventor Marcos C. TZANNES Title A SYSTEM AND METHOD FOR TRANSMITTING MESSAGES BETWEEN TRANSCIEVERS USING ELECTROMAGNETICALLY COUPLED SIGNALS Express Mail Label No. _____																					
APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>		ADDRESS TO: Commissioner for Patents Mail Stop: Patent Application P.O. Box 1450 Alexandria, VA 22313-1450																					
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status. <i>See 37 CFR 1.27.</i> 3. <input checked="" type="checkbox"/> Specification [Total Pages 20] <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> - Descriptive title of the invention - Cross Reference to Related Applications (<i>if applicable</i>) - Statement Regarding Fed sponsored R & D (<i>if applicable</i>) - Reference to sequence listing, a table, or a computer program listing appendix (<i>if applicable</i>) - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (<i>if filed</i>) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 4] 5. Oath or Declaration [Total Page 2] <ul style="list-style-type: none"> a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i> <ul style="list-style-type: none"> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b) 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, <i>or in an Application Data Sheet under 37 CFR 1.76:</i> <ul style="list-style-type: none"> <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) <p>Prior application information: Examiner <u>Pathak, Sudhanshu C.</u> of prior application No.: <u>09/616,954</u> Group / Art Unit: <u>2634</u></p> <p>For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>																							
19. CORRESPONDENCE ADDRESS																							
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		000181 <div style="display: flex; justify-content: space-around; margin-top: 5px;"> or <input checked="" type="checkbox"/> Correspondence address below </div>																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Name</td> <td colspan="4">MILES & STOCKBRIDE P.C.</td> </tr> <tr> <td>Address</td> <td colspan="4">1751 Pinnacle Drive Suite 500</td> </tr> <tr> <td>City</td> <td>McLean</td> <td>State</td> <td>VA</td> <td>Zip Code</td> </tr> <tr> <td>Country</td> <td>USA</td> <td>Telephone</td> <td>703-903-9000</td> <td>Fax</td> </tr> </table>				Name	MILES & STOCKBRIDE P.C.				Address	1751 Pinnacle Drive Suite 500				City	McLean	State	VA	Zip Code	Country	USA	Telephone	703-903-9000	Fax
Name	MILES & STOCKBRIDE P.C.																						
Address	1751 Pinnacle Drive Suite 500																						
City	McLean	State	VA	Zip Code																			
Country	USA	Telephone	703-903-9000	Fax																			
Name (Print/Type)		Jason H. Vick		Registration No. (Attorney/Agent)	45,285																		
Signature				Date	December 24, 2003																		

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U.S.PTO*Complete if Known*

FEE TRANSMITTAL FOR FY 2003

Patent fees are subject to annual revision. Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** **\$770.00**

Application Number	Not Yet Assigned
Filing Date	December 24, 2003
First Named Inventor	Marcos TZANNES
Examiner Name	Not Yet Assigned
Art Unit	Not Yet Assigned
Attorney Docket No.	T3653-8881US02

METHOD OF PAYMENT (check all that apply)
 Check Credit Card Money Order Other None
 Deposit Account:

Deposit Account Number

50-1165 (T3653-8881US02)

Deposit Account Name

Miles & Stockbridge, P.C.

The Commissioner is authorized to: (check all that apply)

- Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION**1. BASIC FILING FEE**

Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	770.00
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1)

\$0

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
18	-20** =	0 X 18 =	0
Independent Claims	2 -3* =	0 X 84 =	0
Multiple Dependent		X =	

Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

\$0

**or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Description
1051	130	2051	Surcharge - late filing fee or oath
1052	50	2052	Surcharge - late provisional filing fee or cover sheet
1053	130	1053	Non-English specification
1812	2,520	1812	For filing a request for <i>ex parte</i> reexamination
1804	920*	1804	Requesting publication of SIR prior to Examiner action
1805	1,840*	1805	Requesting publication of SIR after Examiner action
1251	110	2251	Extension for reply within first month
1252	420	2252	Extension for reply within second month
1253	950	2253	Extension for reply within third month
1254	1,480	2254	Extension for reply within fourth month
1255	2,010	2255	Extension for reply within fifth month
1401	330	2401	Notice of Appeal
1402	330	2402	Filing a brief in support of an appeal
1403	290	2403	Request for oral hearing
1451	1,510	1451	Petition to institute a public use proceeding
1452	110	2452	Petition to revive - unavoidable
1453	1,330	2453	Petition to revive - unintentional
1501	1,330	2501	Utility issue fee (or reissue)
1502	480	2502	Design issue fee
1503	640	2503	Plant issue fee
1460	130	1460	Petitions to the Commissioner
1807	50	1807	Processing fee under 37 CFR 1.17(q)
1806	180	1806	Submission of Information Disclosure Stmt
8021	40	8021	Recording each patent assignment per property (times number of properties)
1809	770	2809	Filing a submission after final rejection (37 CFR 1.129(a))
1810	770	2810	For each additional invention to be examined (37 CFR 1.129(b))
1801	770	2801	Request for Continued Examination (RCE)
1802	900	1802	Request for expedited examination of a design application
Other fee (specify)			

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

\$

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, Washington, DC 20231, on _____.

Name: _____

Complete (if applicable)

Name (<i>Print/Type</i>)	Jason H. Vick	Registration No. (<i>Attorney/Agent</i>)	45,285	Telephone	703-903-9000
Signature				Date	December 24, 2003